Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

_		LITOCI										
		CLAIMS AS	S FILED - (Column		(Column 2)		SMALL TYPE	SMALL ENTITY TYPE		OR	OTHER SMALL	
T(OTAL CLAIMS	,	1	3	<u></u>		RATI	FT	FEE	1	RATE	FEE
FC)R		NUMBER I	FILED 1	 NUMB	SER EXTRA	BASIC	\dashv	385.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			13 mir	nus 20= *	* 8		X\$ 9	_		OR	V2.10	
INE	DEPENDENT C	LAIMS	6 mi	6 minus 3 = *		3	X43:			OR	Voc	
ΜL	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT				+145	_		OR		
* f	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				L		OR	L	
	С	CLAIMS AS A	MENDED			·		<u>. </u>			OTHER	
_		(Column 1)		(Column :		(Column 3)	SMAL			OR	SMALLE	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	
AME	Independent	*	Minus	***	- 2184	=-	X43=	I		OR	X86=	·
	FIRST PRESE	ENTATION OF MU	JLI IPLE DEF	'ENDENT OF	_Allvi		+145=	_		OR	+290=	
							TOT			┨ _╱ ╴┖	TOTAL	
						_,	ADDIT. FI	EE L		On A	ADDIT. FEE	<u> </u>
	ī	(Column 1)	· · · ·	(Column :		(Column 3)				. ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
NON	Total	*.	Minus	**]	=	X\$ 9=			OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	*** PENDENT CL	AIM	=	X43=	\mathbf{I}		OR	X86=	
— —	FINOTENEDE	MATION OF ME	/LIH 44 44.	ENDERT CE	Anvi		+145=			OR	+290=	
							ADDIT. FE			OR A	TOTAL ADDIT. FEE	
-		(Column 1)		(Column 2	2)	(Column 3)						1
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	T R SLY	PRESENT EXTRA	RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=	+		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	+		OR	+290=	
*	i the entry in colur	mn 1 is less than the mber Previously Pai	e entry in colur	mn 2, write "0"	in colu	umn 3.	TOTA	<u>. </u>		L	TOTAL	
***	If the "Highest Nur	mber Previously Paid	aid For" IN THIS	S SPACE is les	ss than	n 3, enter "3."	ADDIT. FE		·	, A	ADDIT. FEE L umn 1.	